

·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



200242897282

12/31/12--01042--013 **25.00

12 DEC 31 PM 3: 33

B. BOSTICK

JAN - 3 2013

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Florid	da Country Acre	es L.L.C.			
SUBJECT.	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Cliff Arfman				
	· · · · · · · · · · · · · · · · · · ·	Name of Person		-	
	Florida Coun	try Acres, L.L.C.			
		Firm/Company		-	
	420 College	Drive #214			
		Address		-	
	Middleburg, I	Florida 32068		SEL TALL	
		City/State and Zip Code		CKET	77
	cliff@icigrain.com			3- A-R- A-SS	
For further information of	concerning this matter, please c	o be used for future annual report notificati all:	onj	PH PH	
Cliff Arfmar	า	904 ₄₇₂₋₃₉₉ 3	3	PM 3: 33 Of State E. Florid	
Name e	of Person	Area Code & Daytime Te	lephone Numbe	er	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Fi Certific Certifie	ate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

, 10	
ARTICLES OF ORGANIZATION	
Thousda Convey Hores LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12 FALL
(Principal office address MUST BE A STREET ADDRESS)	AARE C TI
	3 3 A
	čet –<
The same and the same of the s	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3
B. If amending the registered agent and/or registered office address on our records, entered agent and/or the new registered office address here:	r the name of the new
Name of New Registered Agent:	
New Registered Office Address:	- d.l

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	Frank F. Andrea	5000 U.S.17,#18	_
		Suite #338, Fleming Island	Remove
		Florida 32003	
mgrm	Kyle J. Brady	5000 U.S. 17 #18	Add
		Suite #338, Fleming Island	Remove
		Florida 32003	
			Add
			Remove
			_
			Add
			Remove
		TA _S	12
		LAHAS	
		SRY OF	Remove
		SEE, FLORIO	2: 33
			Add
			Remove

D. If amending any other information, enter change(s) he	ere: (Attach additional sheets, if necessary.)
December 27,2012	
14/1/2/	
Signature of a member or aut	horized representative of a member
Cliff Affman	
Typed or prin	nted name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
12 DEC 31 PM 3: 33
SECRE VARY OF STATE